

**Bureau of the Public Debt  
Data Security *BPD* Logon – ID Request  
General Information (PD F 5361E)**

**INSTRUCTIONS**

**Please Complete All Fields Listed Below**

**Logon ID:** If New User please leave blank  
**Action:** A = Assign for new access to FedInvest  
C = Change  
R = Reinstate  
D = Delete  
**Effective Date:** Enter MM DD YY  
**Name:** Format Last Name, First Name, MI  
(If you do not have a middle initial please input **NMI**)  
**Telephone Number:** Please include area code

**Authorization & Coordination:**  
**Approved by:** To be signed and dated by your immediate supervisor  
**User:** User signature

**The copy of the Computer User Responsibility is yours to keep.**

**All original documents must be completed & returned to FIB at the following address:**

Bureau of the Public Debt  
Attn: FIB/FedInvest Forms  
PO Box 396  
Parkersburg WV 26106-0396

If any forms are missing or if you submit incomplete forms your access will be delayed.  
If you have additional questions please call (304) 480-5151.

**Bureau of the Public Debt**  
***FedInvest* Logon – ID Request**  
**General Information**

**INSTRUCTIONS**

**Please Complete All Fields**

- 1. Action Requested:**  
Grant = New access to FedInvest  
Revoke= To delete access  
Revise= Need to revise access to accounts  
Add Additional account= Add Access to additional accounts for existing user
- 2. Effective Date:** Enter MM DD YY
- 3. User Information:**  
**Name:** Please fill out **all** Information completely.  
Format -- Last Name, First Name, MI  
(If you do not have a middle initial please input **NMI**)  
**ALC:** (You **MUST** indicate the Agency Location Code for Funds you are investing. E.g. 20551234)  
**AFS:** (You **MUST** indicate the Account Fund Symbols for **all** funds you are investing e.g. 20X8185 and 20X8155)  
**Street Address Line 2:** Please indicate if particular building or room number
- 4. Help desk password:** Please indicate mother's maiden name
- 5. Access levels:**  
Full access (To be able to process investments)  
Inquiry only (View only access capabilities)  
Please indicate if you are an auditor, FMS 224 contact, IFCS contact, or other (specify).
- 6. Contact Level:** Please indicate if you are the primary or secondary contact
- 7. Supervisor Information:** To be completed and signed by your immediate supervisor

**All original documents must be completed & returned to FIB at the following address.**

Bureau of the Public Debt  
Attn: FIB/FedInvest Forms  
PO Box 396  
Parkersburg WV 26106-0396

If any forms are missing or if you submit incomplete forms your access will be delayed.  
If you have additional questions please call (304) 480-5151.